

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19028

State File No.

Registrar's No. 1363

FILED JUN 12 1943

Registration District No. 507

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Creve Couer, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Old Ballas Rd. / Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community. years, months or days)

3. (a) PRINT FULL NAME John S. Kolbe

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Katie Kolbe 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased Jan 16 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 25 hr. min.

9. Birthplace St. Louis County Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

12. Name Henry Kolbe

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Lutz

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Kolbe

(b) Address Old Ballas Rd. Creve Couer, Mo

17. (a) Burial (b) Date thereof 6-11-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Lawn Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) 6-11-43 (b) C. J. McKinnon
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
 (c) City or town Creve Couer
 (If outside city or town limits, write "RURAL")
 (d) Street No. Old Ballas Rd.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
 year 1943 hour minute 5:45A M.

21. I hereby certify that I attended the deceased from May 20 to June 8, 1943
 that I last saw him alive on June 8, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis - Chronic Nephritis
 Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. J. Kreech (M. D. or other)
 Address 2900 Union Pl Date signed 6/10/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.